Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied Appeal Number: 2305450

Decision Date: 09/22/2023 **Hearing Date:** 08/07/2023

Hearing Officer: Christopher Jones

Appearance for Appellant:

Appearance for MassHealth:

Interpreter:

Mikhail - ITI



The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid Board of Hearings 100 Hancock Street, Quincy, Massachusetts 02171

APPEAL DECISION

Appeal Decision: Denied Issue: Prior Authorization;

Comprehensive Orthodontia; Auto-

Qualifier; Crowding

Decision Date: 09/22/2023 **Hearing Date:** 08/07/2023

MassHealth's Rep.: Dr. Harold Kaplan Appellant's Rep.:

Hearing Location: Tewksbury Aid Pending: No

MassHealth

Enrollment Center

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated June 7, 2023, MassHealth denied the appellant's prior authorization request for orthodontia. (See Exhibit 1.) The appellant filed this appeal in a timely manner on July 5, 2023. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that that comprehensive orthodontia was not medically necessary.

Summary of Evidence

The appellant's provider submitted a prior authorization request on the appellant's behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations ("HLD") Form. The appellant's orthodontist identified the appellant as having an "Crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars)," but otherwise did not measure the appellant's HLD Score. (Exhibit 4, pp. 6, 8-14.)

DentaQuest, MassHealth's dental contractor, reviewed the submitted images and determined that the appellant's HLD Score was 12 and they did not agree that she had at least 10 mm of crowding in either her upper or lower arch. (Exhibit 4, p. 15.) At the hearing, Dr. Kaplan testified that MassHealth only pays for orthodontia when the member's bite is sufficiently severe to be considered handicapping. MassHealth uses the HLD Score to measure various aspects of a person's bite to determine if the member has a "handicapping malocclusion." This scale looks at characteristics of a bite to measure how the teeth work. Many children may need orthodontic care but do not meet MassHealth's definition of a physically handicapping bite.

Dr. Kaplan reviewed the submitted images and examined the appellant's teeth in person. He found an HLD Score of 17 points, but he was only able to see eight mm of crowding in the appellant's upper arch. Dr. Kaplan suggested that the appellant be reevaluated by her orthodontist in the future, and as her teeth come in her HLD Score may change. The appellant may be reevaluated every six months.¹

Findings of Fact

Based on a preponderance of the evidence, I find the following:

- 1. The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment with photographs and x-rays. The submitted HLD Form found an automatic qualifying condition, "Crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth" but otherwise did not provide an HLD Score. (Exhibit 4, pp. 6, 8-15.)
- 2. MassHealth denied comprehensive orthodontia, finding only 12 points on the HLD Scale. (Exhibit 4, pp. 3-5, 7, 16.)

¹ The appellant's father stated that he understood the outcome, but due to some difficulties with the interpreter, he asked for a decision to document the discussion.

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3. The appellant does not have at least 22 points on the HLD Scale, and she does not have crowding in one arch of 10 or more millimeters. (Exhibit 4; Testimony by Dr. Kaplan.)

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.² (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth "pays for comprehensive orthodontic treatment … only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the Dental Manual." The regulations do not speak directly to what conditions qualify as "severe and handicapping" except to specifically cover "comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years." (130 CMR 420.431(C)(3).)

The HLD Form is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth made a policy decision that a score of 22 or higher signifies a "severe and handicapping malocclusion," ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping: "Cleft Lip, Cleft Palate, or other Cranio-Facial Anomaly"; "Impinging overbite with evidence of occlusal contact into the opposing soft tissue"; "Impactions where eruption is impeded but extraction is not indicated (excluding third molars)"; "Severe Traumatic Deviations – This refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites"; "Overjet (greater than 9mm)"; "Reverse Overjet (greater than 3.5mm)"; "Crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth"; "Spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth"; "Anterior crossbite of 3 or more maxillary teeth per arch"; "Posterior crossbite of 3 or more maxillary teeth per arch"; "Two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant"; "Lateral open bite: 2 mm or more; of 4 or more teeth per arch"; and "Anterior open bite: 2 mm or more; of 4 or more teeth per arch." The HLD Form also allows medical providers to

² The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at https://www.mass.gov/lists/dental-manual-for-masshealth-providers, last visited July 31, 2023.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"). (Available at https://www.masshealth-dental.net/MassHealth/media/ Docs/MassHealth-ORM.pdf, last visited July 31, 2023.)

explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

None of the orthodontists to review the appellant's teeth found an HLD Score of 22 points or more. Further, two orthodontists agreed that the appellant did not have at least 10 millimeters of crowding in one arch. Dr. Kaplan evaluated the appellant in person and was only able to confirm that there were eight millimeters of crowding. Therefore, the appellant does not qualify for MassHealth payment at this time, and this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Christopher Jones Hearing Officer Board of Hearings

CC

MassHealth Representative: DentaQuest 1, MA

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